

### **BUSINESS LICENSE COMMISSION**

#### COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET LOS ANGELES, CA 90012 (213) 974-7691

www.board.co.la.ca.us/blc



**STEVEN AFRIAT PRESIDENT** RENÉE CAMPBELL **VICE-PRESIDENT SARA VASQUEZ** 

**MEMBERS** 

SECRETARY

**JAMES BARGER COMMISSIONER** 

**SHAN LEE** 

**COMMISSIONER** 

December 30, 2014

Christopher R. Cuilty Stonehaus/Westlake Properties, Inc.

Westlake Village, CA 91361

#### HEARING ON APPLICATION FOR ENTERTAINMENT-GEN. W/DANCE & **ANNUAL DANCE BUSINESS LICENSE ID #140969**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday**, January 14, 2015 at 9:00 a.m. in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

#### RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a professional/certified interpreter or other person who is fluent in both English and your native language. If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.

Sincerely,

STEVEN AFRIAT President

Lupe Duron Commission Staff

# NOTICE TO PRINTER STATE LAW REQUIRES THAT THIS LEGAL ADVERTISEMENT SHALL BE SET IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

CUSTOMER CODE: Z 91085

NEWSPAPER ...... ACORN

#### **PUBLISH 3 TIMES**

1 <sup>ST</sup>	PUBLISHING DATE:	12/18/2014
2 <sup>ND</sup>	PUBLISHING DATE:	12/24/2014
3 <sup>RD</sup>	PUBLISHING DATE:	12/31/2014

REPRINTS ORDERED: NONE

#### NOTICE OF HEARING TO CONDUCT

#### **ENTERTAINMENT-GEN W/DANCE & ANNUAL DANCE**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE COMMISSION TO CONDUCT

#### ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:	32039 AGOURA RD
	WESTLAKE VILLAGE, CA 91361
NAME OF APPLICANT:	STONEHAUS / WESTLAKE PROPERTIES, INC.
	/ CHRISTOPHER CUILTY
DATE OF HEARING	01/14/2015
TIME OF HEARING:	09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

#### OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION 500 W. TEMPLE STREET, RM 374 LOS ANGELES, CA 90012

#### **RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR BUSINESS LICENSE SECTION 225 N. HILL STREET RM. 109 LOS ANGELES, CA 90012



# Los Angeles County Treasurer and Tax Collector Application for Business License



Please note: Business License fees are NOT refundable

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Fee:	\$ <u>L</u>	7	0	01	<u>U</u>	U

1-800-544-6861

ID# 140969

•	BUSINESS INF	ORMATION	
Type of Business:	Address of Bu	isiness:	Rd. Westlake Village,
Coffee Wine	Business Tele	phone (C)	1103 1107
Correction	OTTES INCHITAGOS		483-1152
DBA (Business Name):	w dance Mailing Addre	ess:	)
Storiehaus	31943	Agoura K	Rd. West Take Village, CA.
Sellers Permit # (State Board of Equ			41561
Business Ownership Structure: If LLC or Corporation, the informati	• · · · · · · · · · · · · · · · · · · ·		CorporationV
Date of Incorporation: 11-13-			Dekwarl
Exact Corporate Name: West		,,	Titles
Names of Officers	Addres	ses	Chay Man -
John L. Notter.			resident
Donald Farriss			
Chris Cutty.			COOCFO
		•	<u> </u>
•	APPLICANT INF	ORMATION	
Applicant's Full Name: Chris.	Cuilty		
Iome Address:		7,	· —
lome Telephone:	Cell Phone:	Email addr	ess:
lotte receptioner			3
		Place of Bir	the
ocial Security #:	Date of Birth:	Place of bit	interest of the second of the
<u> </u>			
river's License or State ID#:		Expiration D	ate:/
ale Female Height	Weight	Hair Color	Eye Colo:
			•
		' MMU DO PENNIPEL. L	elief. As a condition of the issuance of the conduct all phases of this business
ense in accordance with regulation ed in connection therewith in confo	s established for Such Dusiness to	ordinances and re	trucks and/or equipment that may be
ed in connection therewith in conjo	mance with all applicable land	777	
ate: 10/26/13	Applicant's Signature:		
pplication taken by:	)		Date:
Fyou suspect fraud or wrong	doing by a County of Los A	ngeles employe	e, report to fraud hotline





225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

### BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 32039 AGOURA RD, WESTLAKE VILLAGE, CA 91361

TELEPHONE: (818) 483-1152

OWNER OF BUSINESS: CHRISTOPHER R CUILTY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STONEHAUS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

			APPROVED	DATE	SIGNATURE
	1.	Animal Care & Control			
	2.	Risk Management			
X	3.	Building & Safety	YES	11/19/14	tchen
X	4.	Fire Department	YES	05/01/01	tchen
	5.	Public Health		and the second s	
X	6.	Treasurer & Tax Collector	YES	03/20/14	dmiles
X	7.	Business License Commission			
	8.	Sheriff Department			
X	9.	Regional Planning Commission	YES	11/19/14	tchen
	10	. Weights and Measures			
X	. 11	Publishing	YES	12/18/14	tchen
	12	Public Works - EPD	Annual Control of the	<del>,</del>	
X	13	. Sheriff Fingerprint	YES	12/04/13	dmiles

Conditions:

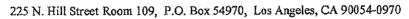




225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

KIND OF BUSINESS: A	NNUAL DANCE		
ADDRESS OF BUSINES	S: 32039 AGOURA RD, WESTLA	AKE VILLAGE, CA 91361	
TELEPHONÉ: (818) 483-	1152		
OWNER OF BUSINESS:	CHRISTOPHER R CUILTY		
CAL. DR. LIC.#:			
NAME OF PERSON FIN	GERPRINTED:		
FICTITIOUS NAME: ST	ONEHAUS		
MAILING ADDRESS:			
DATE THAT YOU STAF	RTED BUSINESS:		v.
PREVIOUS OWNER'S N	AME, IF KNOWN:		1
THIS IS AN APPLICATI	ON FOR: NEW LICENSE		
	BUILDING O		
	APPROVAL	☐ DENIAL	
RECOMMENDATION:			
	2		,
SIGNATURE:	<i>J</i>	DATE: 11/19/14	
BASIC LICENSE NO. 2020	DATE 11/19/14	IDENTIFICATION	NUMBER 140969







KIND OF BUSINESS: E	NTERTAINMENT-GEN. W/DAN	CE
ADDRESS OF BUSINES	SS: 32039 AGOURARD, WESTL	AKE VILLAGE, CA 91361
TELEPHONE: (818) 483-	-1152	
OWNER OF BUSINESS	CHRISTOPHER R CUILTY	
CAL. DR. LIC.#:		
NAME OF PERSON FIN	GERPRINTED:	
FICTITIOUS NAME: ST	CONEHAUS	
MAILING ADDRESS:		
DATE THAT YOU STAI	RTED BUSINESS:	
PREVIOUS OWNER'S N	AME, IF KNOWN:	
THIS IS AN APPLICATI	ON FOR: NEW LICENSE	
	BUILDING	& SAFETY
	WESTLAKE	VILLAGE
	☑ APPROVAL	DENIAL
RECOMMENDATION:		
RECOMMENDATION.		
		The state of the s
		1.1.1
SIGNATURE:		DATE: 11/19/14
BASIC LICENSE NO. 2809	DATE 11/19/1-	IDENTIFICATION NUMBER 140969



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



#### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE		The state of the s
ADDRESS OF BUSINESS: 32039 AGOURARD, WESTLAKE VILLAGE, CA 91361		
TELEPHONE: (818) 483-1152		•
OWNER OF BUSINESS: CHRISTOPHER R CULLTY		
CAL. DR. LIC.#:		,
NAME OF PERSON FINGERPRINTED:		
FICTITIOUS NAME: STONEHAUS		#
MAILING ADDRESS:	٠	
DATE THAT YOU STARTED BUSINESS:		4 × 14
PREVIOUS OWNER'S NAME, IF KNOWN;	_	
THIS IS AN APPLICATION FOR: NEW LICENSE	•	
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# FIRE DEPARTMENT LA COUNTY

·	APPROVAL	☐ DENIAL	
RECOMMENDATION:		,	
SIGNATURE		DATE: 5-12	

BASICLICENSENO, 2020

DATE 04/16/14

**DENTIFICATION NUMBER 140969** 



225 N. Hill Street Room 109, P.O. Box 54970, Los Angoles, CA 90054-0970



#### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS:	ENTERTAINMENT-GEN.	W/DANCE
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ADDRESS OF BUSINESS: 32039 AGOURARD, WESTLAKE VILLAGE, CA 91361

TELEPHONE: (818) 483-1152

OWNER OF BUSINESS: CHRISTOPHER R CUILTY

CAL. DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STONEHAUS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

### FIRE DEPARTMENT LA COUNTY

( APPROVAL	☐ DENIAL
RECOMMENDATION:	
SIGNATURE:	DATE: 5-12-14

BASIC LICENSE NO. 2809

DATE 04/16/14

**IDENTIFICATION NUMBER 148969** 

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225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

#### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE
ADDRESS OF BUSINESS: 32039 AGOURA RD, WESTLAKE VILLAGE, CA 91361
TELEPHONE: (818) 483-1152
OWNER OF BUSINESS: CHRISTOPHER R CUILTY
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: STONEHAUS
MAILING ADDRESS:
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR: NEW LICENSE
TREASURER & TAX COLLECTOR  LA COUNTY
APPROVAL DENIAL
RECOMMENDATION:
SIGNATURE: 5 . 5 DATE: 3/26/14

DATE 11/21/13

BASIC LICENSE NO. 2020

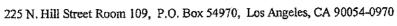
IDENTIFICATION NUMBER 140969

## TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

KIND OF BUSINESS: ENTERTAINMENT-GEN.	WADANCE
ADDRESS OF BUSINESS: 32039 AGOURA RD,	WESTLAKE VILLAGE, CA 91361
TELEPHONE: (818) 483-1152	en tra
OWNER OF BUSINESS: CHRISTOPHER R CUI	LTY
CAL, DR. LIC,#:	
NAME OF PERSON FINGERPRINTED:	
FICTITIOUS NAME:	
MAILING ADDRESS:	
DATE THAT YOU STARTED BUSINESS:	
PREVIOUS OWNER'S NAME, IF KNOWN:	
THIS IS AN APPLICATION FOR: NEW LICENSI	E .
	& TAX COLLECTOR A COUNTY
✓ APPROVAL	DENIAL
RECOMMENDATION:	
<u> </u>	
SIGNATURE: 55	DATE: 3/20/14







KIND OF BUSINESS: EI	NTERTAINMENT-GEN. W/DANC	E	
ADDRESS OF BUSINES	S: 32039 AGOURA RD, WESTL	AKE VILLAGE, CA 91361	
TELEPHONE: (818) 483-	1152		
OWNER OF BUSINESS:	CHRISTOPHER R CUILTY		
CAL. DR. LIC.#:			
NAME OF PERSON FING	GERPRINTED:		·
FICTITIOUS NAME: ST	ONEHAUS		· · · · · · · · · · · · · · · · · · ·
MAILING ADDRESS:	·		
DATE THAT YOU STAR	TED BUSINESS:		
PREVIOUS OWNER'S N.	AME, IF KNOWN:		
THIS IS AN APPLICATION	ON FOR: NEW LICENSE		
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	REGIONAL :	PLANNING	
	WESTLAKE	VILLAGE	
	⊠ APPROVAL	☐ DENIAL	•
RECOMMENDATION:			***************************************
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SIGNATURE:		DATE: 11/19/1-1	
BASIC LICENSE NO. 2809	DATE <b>11/19/</b> 14	IDENTIFICATION	NUMBER 140969





225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

KIND OF BUSINESS: ANNUAL	DANCE		
ADDRESS OF BUSINESS: 3203	9 AGOURA RD, WESTLAKE V	TLLAGE, CA 91361	
TELEPHONE: (818) 483-1152		•	
OWNER OF BUSINESS: CHRI	STOPHER R CUILTY		
CAL, DR. LIC#:			
NAME OF PERSON FINGERPR	INTED:		
FICTITIOUS NAME: STONEHA	AUS		
MAILING ADDRESS:		· ·	
DATE THAT YOU STARTED B	USINESS:		•
PREVIOUS OWNER'S NAME, I	F KNOWN:		
THIS IS AN APPLICATION FO	R: NEW LICENSE		
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	REGIONAL PLA	NNING	
	WESTLAKE VILI	LAGE	
	APPROVAL	DENIAL	
RECOMMENDATION:			
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4.	T. 1700 44 140/4 4	IDENTIFICATION NUM	/RER 140969
BASIC LICENSE NO. 2020	DATE 11/19/14	EMEATH CONTROL HOR	,

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

#### **BUSINESS LICENSE** APPLICATION REFERRAL

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 32039 AGOURARD, WESTLAKE VILLAGE, CA 91361

TELEPHONE: (818) 483-1152

OWNER OF BUSINESS: CHRISTOPHER R CUILTY

CAL, DR, LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: STONEHAUS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

### SHERIFF FINGERPRINT LA COUNTY

DENIAL

RECOMMENDATION:

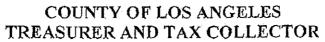
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BASIC LICENSE NO. 2020

DATE 11/21/13

IDENTIFICATION NUMBER 140969





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225 N. Hill Street Room 109. P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE** APPLICATION REFERRAL 913-01546

版IND OF BUSINESS:ENTERTAINMENT-GEN. W/DANCE

類DRESS OF BUSINESS: 32039 AGOURA RD, WESTLAKE VILLAGE, CA 91361

题FELEPHONE: (818) 483-1152

OWNER OF BUSINESS: CHRISTOPHER R CUILTY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

**EICTITIOUS NAME: STONEHAUS** 

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT LA COUNTY

Approval Approval

DENIAL

RECOMMENDATION:

Farman .

DATE: 12-4-3

BASIC LICENSE NO. 2809

DATE 11/21/13

IDENTIFICATION NUMBER 140969